Child's Name:							]	Da	te of Birth:			Gen	der:	☐ ma	le 🗖	fema	ıle	
Parent must pay the	following fee beginn	ing:				R	ace:		H/L AI/A	$N \square A$	Sian	$\Box$ B	□ N	H/PI		Į		
Type of Care	<b>Monthly Parent I</b>	F <u>ee</u>	<u>D</u>	)ail	y Pa	rent	t Fee	<u> </u>	DCS ID#:_									
Full Time	\$	_	\$	S					EIS ID#: _									
3/4 Time	\$	_	\$	S				-	Cat. Code					_ 1	Need	Co	de	
1/2 Time	\$								(	Child e	ligibl	e for:		l SC	C I	<u> </u>	Smart S	tart
Transportation Pay	ments: begin on				_and	end	on_			-								
Days/Hours Child (	Care is Needed:	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until	l			a.m./	p.m.	
(Circle days an	d enter times.)	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
		M	Т	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
Dates School Age C	are is Needed:	Fro	m						Until			В	sefore/	After	Schoo	ol/Su	mmer	
1) Enter dates: mont	:h/day/year	Fro	m:						Until:			В	efore/	After	Schoo	ol/Su	mmer	
2) Circle the type of	care needed.	Fro	m:						Until:			Е	Before/	After	Schoo	ol/Su	mmer	
Child's Name:									te of Birth:			Geno	der:	☐ ma	le 🗆	fema	ale	
Parent must pay the	following fee beginn	ing:				R	ace:		H/L AI/A	$\mathbf{N} \square A$	Sian	$\Box$ B		H/PI		<i>I</i>		
Type of Care	<b>Monthly Parent</b>	Fee	Da	aily	Par	ent	<u>Fee</u>		DCS ID#:									
Full Time	\$		\$	S														
3/4 Time	\$		\$	S														
1/2 Time	\$		\$	3						Child e	ligibl	e for:		l SC	C I		Smart S	tart
Transportation Pay	ments: begin on				and	end	on_											
Days/Hours Child (	Care is Needed:	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./	p.m.	
(Circle days an	d enter times.)	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until	l			a.m./j	p.m.	
·	,	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
Dates School Age C	are is Needed:	Fro	m:					_	Until:			В	sefore/	After	Schoo	ol/Su	mmer	
1) Enter dates: mont		Fro	m:	n: Until:						Before/After School/Summer								
2) Circle the type of	3 3	Fro	m:						Until			Е	Before/	After	Schoo	ol/Su	mmer	
Child's Name:						Dat	te of	Bi	rth:	G	ende	r: 🗅	male	☐ fer	nale			
Parent must pay the		ing:				R	ace:		H/L □ AI/A	$\overline{\mathbf{N}} \square A$	Sian	□В		H/PI		V		
Type of Care	<b>Monthly Parent</b>	Fee	Da	aily	Par	ent	Fee		DCS ID#:									
Full Time	\$		\$	3					EIS ID: _									
3/4 Time	\$								Cat. Code					Need				
1/2 Time	\$	_	\$							Child e							Smart S	tart
	ments: begin on				and	end	on_											
Days/Hours Child (	Care is Needed:	M	Т	W	Th	F	S	S	From	a.m	ı./p.m.	Until			a.	m./p	.m.	
(Circle days and ente		M	T	W	Th	F	S	S	From	a.m	ı./p.m.	Until			a.	.m./p.	.m.	
	,								From							a.m./j	p.m.	
Dates School Age C	are is Needed:		m: _						Until:		_			After			mmer	
1) Enter dates: mont	h/day/year		m: _						Until:								mmer	
2) Circle the type of	care needed.	Fro	m: _						Until:			Е	Before/	After	Schoo	ol/Su	mmer	

White Original: LPA Pin

**ACTION NOTICE (Continuation Page) Parent/RA:** 

Pink Copy: Child Care Provider

Yellow Copy: Parent

Blue Copy: LPA DCD-0450-2 (1) Rev. 10/02

**County Case #:** 

ACTION NOTICE (Continua	tion Page) Parent/RA:					County Case #:
Child's Name:				of Birth:		umale ifemale
Parent must pay the follow	ing fee beginning:	Ra	ace: 🗆 H	I/L 🗆 AI/AN 🛚	□ Asian □ B □ N	H/PI □ W
Type of Care Mon	nthly Parent Fee	Daily Parent	t Fee	DCS ID#:		
Full Time \$		\$		EIS ID#:		
3/4 Time \$		\$		Cat. Code		_ Need Code
1/2 Time \$		\$		Chile	d eligible for: 🗆	SCC Smart Start
Transportation Payments:						
Days/Hours Child Care is	Needed: M T	W Th F	S S Fro	om	_a.m./p.m. Until	a.m./p.m.
(Circle days and enter	times.) M T	W Th F	S S Fro	om	_a.m./p.m. Until	a.m./p.m.
	M T	W Th F	S S Fro	om	a.m./p.m. Until	a.m./p.m.
Dates School Age Care is I	Needed: From _			Until	Before	After School/Summer
1) Enter dates: month/day/y	rear From:_			Until:	Before	After School/Summer
2) Circle the type of care no	eeded. From:_			Until:	Before	/After School/Summer
Child's Name:				of Birth:		☐ male ☐ female
Parent must pay the follow				I/L 🗆 AI/AN 🛚	□ Asian □ B □ N	H/PI □ W
Type of Care Mo	onthly Parent Fee D	aily Parent l	<u>Fee</u>	DCS ID#:		
Full Time \$		\$		EIS #:		
3/4 Time \$		\$				Need Code
1/2 Time \$		\$		Chile	d eligible for:	SCC Smart Start
Transportation Payments						
Days/Hours Child Care is	Needed: M T	W Th F	S S Fro	om	_a.m./p.m. Until	a.m./p.m.
(Circle days and enter	times.) M T	W Th F	S S Fro	om	a.m./p.m. Until	a.m./p.m.
(	,				a.m./p.m. Until	<u>*</u>
Dates School Age Care is I				Until:		/After School/Summer
1) Enter dates: month/day/y	vear From:			Until:	Before	After School/Summer
2) Circle the type of care no				Until		/After School/Summer
Child's Name:		Dat	te of Birtl	1:	Gender: ☐ male	☐ female
Parent must pay the follow					_ Gender. □ nade □ Asian □ B □ N	
Type of Care Mo	onthly Parent Fee D	aily Parent l	<u>Fee</u>	DCS ID#:		
Full Time \$		\$		EIS ID:		
		\$				Need Code
1/2 Time \$		\$		Chile	d eligible for:	SCC Smart Start
Transportation Payments:						
Days/Hours Child Care is	Needed: M T	W Th F	S S Fro	om	a.m./p.m. Until	a.m./p.m.
(Circle days and enter times					a.m./p.m. Until	
(Shore days and office times	<i>′</i>			om		a.m./p.m.
Dates School Age Care is I		VV 111 1		Until:		/After School/Summer
1) Enter dates: month/day/y				Until:		After School/Summer

White Original: LPA

2) Circle the type of care needed.

Pink Copy: Child Care Provider

From:

Yellow Copy: Parent

Until:

Blue Copy: LPA DCD-0450-2 (1) Rev. 10/02

Before/After School/Summer

Child's Name:						D	ate	of Birth:		Gen	der: [	☐ male [	☐ fema	ale	
Parent must pay the following	lowing fee beginnin	ıg:			Ra	ace:		H/L 🗆 AI/AI	N 🗆 Asi	an 🗆 B		H/PI □	W		
Type of Care	Monthly Parent Fe	<u>e</u>	<u>Dail</u>	y Pa	rent	Fee		DCS ID#:_							
Full Time \$			\$_					EIS ID#: _							
3/4 Time \$			\$_					Cat. Code_				Nec	ed Co	de	
1/2 Time \$								C	hild elig	ible for	<u>:                                    </u>	SCC		Smart Star	rt
Transportation Payme	ents: begin on			_and	end	on									
Days/Hours Child Car	e is Needed:	м т	W	Th	F	s s	F	rom	a.m./j	o.m. Unti	il		_a.m./	p.m.	
(Circle days and ex	nter times.)	м Т	W	Th	F	S S	F	rom	a.m./j	o.m. Unti	i1		_a.m./	p.m.	
	1	M T	W	Th	F	S S	F	rom	a.m./j	o.m. Unti	i1		_a.m./	p.m.	
Dates School Age Care	e is Needed:	From						Until		_ ]	Before/	After Sch	100l/Su	ımmer	
1) Enter dates: month/d	ay/year I	From	·					Until:		_ 1	Before/	After Sch	100l/Su	ımmer	
2) Circle the type of car	re needed.	From	<u> </u>					Until:		_ 1	Before/.	After Scl	100l/St	ımmer	
Child's Name:								of Birth:			der: [	☐ male [	fem	ale	
Parent must pay the fol	lowing fee beginnin	ıg:			Ra	ace:		H/L 🗆 AI/AI	N 🗆 Asi	an 🗆 B	□NF	H/PI □	W		
Type of Care	<b>Monthly Parent F</b>	<u>ee</u>	<b>Daily</b>	Par	ent l	F <u>ee</u>		DCS ID#:_							
Full Time \$_		_	\$					EIS #: ID#:							
3/4 Time \$_		_	\$					Cat. Code							
1/2 Time \$			\$					C	hild elig	ible for	. 🗅	SCC		Smart Star	 rt
Transportation Payme	ents: begin on			and	end	on_									
Days/Hours Child Car	e is Needed:	м Т	r W	Th	F	S S	Fı	rom	a.m./j	o.m. Unti	i1	,	a.m./	p.m.	
(Circle days and e	nter times.)	м т	W	Th	F	S S	F	rom	a.m./j	o.m. Unti	il		_a.m./	p.m.	
, .	ľ	м т	W	Th	F	S S	F	rom	a.m./j	o.m. Unti	il		_a.m./	p.m.	
Dates School Age Care	e is Needed:	From						Until:		_ 1	Before/	After Sch	100l/Su	ımmer	
1) Enter dates: month/d		From	:					Until:	Before/After School/Summer						
2) Circle the type of car	3 3	From	n: Until _						Before/After School/Summer						
Child's Name:					Dat	e of ]	Bir	th:	Ger	nder: 🗆	male	☐ femal	e		
Parent must pay the fol		ıg:			Ra	ace:		H/L □ AI/AI	N 🗆 Asi	an 🗆 B		H/PI □	W		
Type of Care	<b>Monthly Parent F</b>	<u>ee</u>	<b>Daily</b>	Par	ent l	Fee_		DCS ID#:_							
Full Time \$			\$					EIS ID:							
								Cat. Code				leed Co			
1/2 Time \$			\$						hild elig					Smart Star	
Transportation Payme	ents: begin on			and	end	on_									
Days/Hours Child Car	e is Needed:	м Т	T W	Th	F	S S	Fı	rom	a.m./p	.m. Unti	1		a.m./p	.m.	
(Circle days and enter ti	mes.)	м т	W	Th	F	S S	F	rom	a.m./p	.m. Until	I		a.m./p	.m.	
	•	<u>м</u> Т	W	Th	F	S S	F	rom	a.m./j	o.m. Unti	il		_a.m./	p.m.	
Dates School Age Care			:					Until:				After Scl	100l/Su	ımmer	
1) Enter dates: month/d	• •		:					Until:				After Sch			
2) Circle the type of car	re needed.	From	:					Until:		]	Before/	After Sch	100l/Su	ımmer	

White Original: LPA Pink Copy: Child Care Provider

**ACTION NOTICE (Continuation Page) Parent/RA:** 

Yellow Copy: Parent

Blue Copy: LPA DCD-0450-2 (1) Rev. 10/02

**County Case #:** 

### TO PARENT:

This information serves to notify you of action taken regarding the child care assistance being provided for the child or children listed on the reverse side of this Child Care Action Notice (DCD-0450). Please keep this form for your records.

### RELEASE OF INFORMATION

The information on this form is necessary to provide eligibility and payment information for child care services. Your signature on the Child Care Voucher (Form DCD-0446) gives your consent for information to be released to the child care provider which you select. This also applies to any future changes which affect your child care plan or the payment for your child care assistance. The child care provider has signed an agreement to keep all information confidential. The pink copy of this form is given to your child care provider.

#### HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. The hearing will establish whether this action was correct and will give you benefits if it was wrong. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency (LPA) within sixty (60) calendar days after the effective date of the action taken. The effective date is stated on the reverse side of this form. You may ask for the hearing either orally or in writing.

A hearing will be scheduled for you with an official of the local purchasing agency. The hearing will be held within five (5) calendar days of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional calendar days. If you are dissatisfied with the decision made at that hearing, you might have a second hearing with an impartial official from the NC Department of Health and Human Services.

# YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you must pay for his/her services yourself unless free legal services are available in your community. If you are interested in free legal services, contact your child care social worker or call Information and Referral at 1-800-662-7030.

#### CHILD CARE ASSISTANCE MAY CONTINUE

If your child care payments were stopped or changed for any reason other than lack of public child care funds, you may keep receiving child care until the local hearing decision is made, provided you ask for a fair hearing on or before the date shown on the reverse side of this form. However, if your hearing shows that the action stated on this form is correct, then you will have to repay the cost of the child care received while you waited for the hearing. If you do not want to continue to receive services as before, you may ask your child care social worker to change or stop the services.

# REPORT CHANGES WITHIN 5 WORKDAYS!

Changes in your situation may affect the amount of benefits you receive. You must report all changes to your child care social worker of your local purchasing agency within 5 workdays. North Carolina state law requires that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as true, or intentionally not giving all necessary information may be guilty of a misdemeanor or felony. You may also have to repay all child care assistance after the changes occurred if you did not report the change on time to your child care social worker. Be careful! Ask your child care social worker if you are not sure whether a change is important to report.

#### YOUR RIGHT TO SEE YOUR RECORD

You and/or the person(s) speaking for you have the right to ask to see your child care record and any other information to be used at the hearings. Your child care social worker can provide you with free copies of this information. You may see this information again at your hearings.

## DO YOU UNDERSTAND YOUR RIGHTS AND YOUR RESPONSIBILITIES?

Do you understand how to get a hearing? If you have any questions or want more information, please contact your child care social worker as soon as possible.

Yellow Copy: Parent Copy DCD-0450-2 (3)

Child's Name:							]	Da	te of Birth:			Gen	der:	☐ ma	le 🗖	fema	ıle	
Parent must pay the	following fee beginn	ing:				R	ace:		H/L AI/A	$N \square A$	Sian	$\Box$ B	□ N	H/PI		Į		
Type of Care	<b>Monthly Parent I</b>	F <u>ee</u>	<u>D</u>	)ail	y Pa	rent	t Fee	<u> </u>	DCS ID#:_									
Full Time	\$	_	\$	S					EIS ID#: _									
3/4 Time	\$	_	\$	S				-	Cat. Code					_ 1	Need	Co	de	
1/2 Time	\$								(	Child e	ligibl	e for:		l SC	C I	<u> </u>	Smart S	tart
Transportation Pay	ments: begin on				_and	end	on_			-								
Days/Hours Child (	Care is Needed:	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until	l			a.m./	p.m.	
(Circle days an	d enter times.)	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
		M	Т	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
Dates School Age C	are is Needed:	Fro	m						Until			В	sefore/	After	Schoo	ol/Su	mmer	
1) Enter dates: mont	:h/day/year	Fro	m:						Until:			В	efore/	After	Schoo	ol/Su	mmer	
2) Circle the type of	care needed.	Fro	m:						Until:			Е	Before/	After	Schoo	ol/Su	mmer	
Child's Name:									te of Birth:			Geno	der:	□ ma	le 🗆	fema	ale	
Parent must pay the	following fee beginn	ing:				R	ace:		H/L AI/A	$\mathbf{N} \square A$	Sian	$\Box$ B		H/PI		<i>I</i>		
Type of Care	<b>Monthly Parent</b>	Fee	Da	aily	Par	ent	<u>Fee</u>		DCS ID#:									
Full Time	\$		\$	S														
3/4 Time	\$		\$	S														
1/2 Time	\$		\$	3						Child e	ligibl	e for:		l SC	C I		Smart S	tart
Transportation Pay	ments: begin on				and	end	on_											
Days/Hours Child (	Care is Needed:	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./	p.m.	
(Circle days an	d enter times.)	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until	l			a.m./j	p.m.	
·	,	M	T	W	Th	F	S	S	From	a.n	n./p.m	. Until				a.m./j	p.m.	
Dates School Age C	are is Needed:	Fro	m:					_	Until:			В	sefore/	After	Schoo	ol/Su	mmer	
1) Enter dates: mont		Fro	m:	n: Until:						Before/After School/Summer								
2) Circle the type of	3 3	Fro	m:						Until			Е	Before/	After	Schoo	ol/Su	mmer	
Child's Name:						Dat	te of	Bi	rth:	G	ende	r: 🗅	male	☐ fer	nale			
Parent must pay the		ing:				R	ace:		H/L □ AI/A	$\overline{\mathbf{N}} \square A$	Sian	□В		H/PI		V		
Type of Care	<b>Monthly Parent</b>	Fee	Da	aily	Par	ent	Fee		DCS ID#:									
Full Time	\$		\$	3					EIS ID: _									
3/4 Time	\$								Cat. Code					Need				
1/2 Time	\$	_	\$							Child e							Smart S	tart
	ments: begin on				and	end	on_											
Days/Hours Child (	Care is Needed:	M	Т	W	Th	F	S	S	From	a.m	ı./p.m.	Until			a.	m./p	.m.	
(Circle days and ente		M	T	W	Th	F	S	S	From	a.m	ı./p.m.	Until			a.	.m./p.	.m.	
	,								From							a.m./j	p.m.	
Dates School Age C	are is Needed:		m: _						Until:		_			After			mmer	
1) Enter dates: mont	h/day/year		m: _						Until:								mmer	
2) Circle the type of	care needed.	Fro	m: _						Until:			Е	Before/	After	Schoo	ol/Su	mmer	

White Original: LPA Pin

**ACTION NOTICE (Continuation Page) Parent/RA:** 

Pink Copy: Child Care Provider

Yellow Copy: Parent

Blue Copy: LPA DCD-0450-2 (1) Rev. 10/02

**County Case #:** 

### **TO PARENT:**

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A hearing will be scheduled for you with an official of the local purchasing agency. The hearing will be held within five (5) calendar days of your request unless you postpone it for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional calendar days. If you are dissatisfied with the decision made at that hearing, you might have a second hearing with an impartial official from the NC Department of Health and Human Services.

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T		Gonov Uso Only	· CHII D C	TADE CUCTEM CA	TECODY CODES.							
Agency Use Only: CHILD CARE SYSTEM CATEGORY CODES:												
SCC SCC-WORK FIRST FUND SOURCE												
009 With regard to income 005 Work First Family Assistance without countable income 15 Smart Start 25 SCC												
019 Without reg	gard to 006 V	Vork First Family	Assistance	with countable inco	me	20 Foster Care	71 Work First					
income	055 T	Geen Parent - Wor	k First Fam	ily Assistance			85 EMERGY					
020 Foster Care	Recipients 017 N	Non-WF Family A	Assistance e	mployed with counta	ble income							
054 Teen Parent 018 Non-WF Family Assistance non-custodial parent with countable income												
NEED CODES:  Children without Special Needs												
Child Care:	Post-Sec.  Child Conner Seek Frontessort Frontessed CDS Educ/Training Develop Needs CWS HS Educ											
	Seek Employment	<b>Employed</b>	CPS	Educ./Training	<u>Develop. Needs</u>	CWS	HS Educ./GED					
Full Time	801	811	821	831	841	851	871					
3/4 Time	802	812	822	832	842	852	872					
1/2 Time	803	813	823	833	843	853	873					
Transportation	tion 809 819 829				849	859	879					
NEED CODES	:		Childre	n with Special Need	S							
	•			Post-Sec.	_							
Child Care:	Seek Employment	<b>Employed</b>	<b>CPS</b>	Educ./Training	Develop. Needs	<u>CWS</u>	HS Educ./GED					
Full Time	401	411	421	431	441	451	471					
3/4 Time	402	412	422	432	442	452	472					
1/2 Time	403	413	423	433	443	453	473					
Transportation	409	419	429	439	449	459	479					

Refer to Subsidized Child Care Reimbursement Manual for explanation of codes.

**Blue Copy: Local Purchasing Agency** 

Reverse Side DCD-0450-2 (4)